

Published by:

**giz** Deutsche Gesellschaft  
für Internationale  
Zusammenarbeit (GIZ) GmbH

# Addressing sexual health and HIV in school

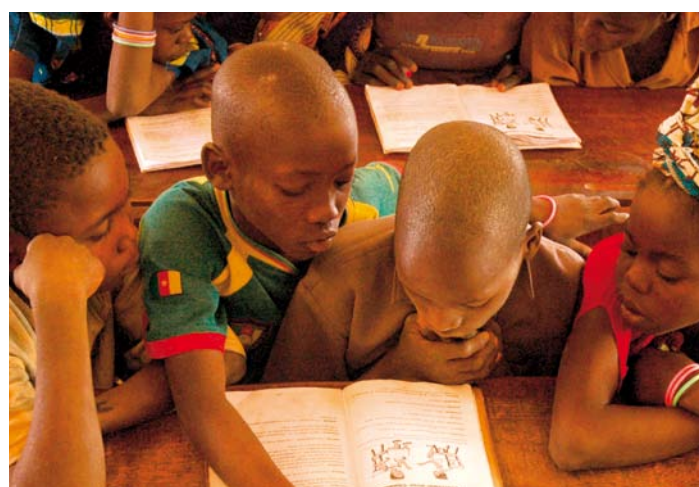
## Four initiatives from Sub-Saharan Africa and Latin America

### Education – the “social vaccine”

Social and cultural factors (taboos, traditions, mistaken beliefs) as well as behavioural ones, combined with insufficient information or basic sex education, make young people vulnerable to HIV infection, unwanted pregnancies and sexually transmitted diseases. But young people are also the “life force” and the future of their country and they need information that is adapted to their age, culture, and areas of interest as well as people and structures able to support and advise them. Schools are an ideal place to reach young people in ways that can help them understand and change risky behaviours and education is often called a “social vaccine.” It is estimated that achieving the goal of Education for All (EFA) would prevent more than 700,000 infections per year – about 30% of all infections in this age group.

This publication describes the approaches of four German-supported initiatives in Africa (specifically in Guinea, Mozambique and Tanzania) and Latin America (a regional initiative that includes Argentina, Brazil, Chile, Paraguay, Peru and Uruguay) that aim to integrate sexual health and HIV prevention within school systems. Whilst the three African initiatives operate in conditions of generalized epidemics driven more by unprotected sex between men and women, the situation in Latin America is one of concentrated epidemics in which sex between men and, to a lesser extent, injecting drug use and sex work play key roles.

Important sexual health issues common to both regions include early sexual debut, lack of access to accurate information and services (notably to inexpensive condoms), and high levels of unplanned and unwanted teenage pregnancy. In Sub-Saharan Africa, girls with a secondary education are the least likely to become mothers, while among girls with no education the rate is over four times higher.



Sexuality education and HIV prevention in primary schools reach boys and girls before they have initiated sexual activity.

### Addressing HIV and sexual health at school: four initiatives

#### Guinea's PAPEBMGUI

The Basic Education Support Project (Projet d'appui à l'éducation de base en moyenne Guinée – PAPEBMGUI) began in 1996 to improve teaching quality and school administration in the regions of Labé, Mamou and Faranah. While school enrolment has risen in recent years – including among girls, who are particularly disadvantaged – the country still lacks sufficient numbers of qualified teachers.

### German Health Practice Collection

Showcasing health and social protection for development

This Collection describes programmes supported by German Development Cooperation assessed as ‘promising or good practice’ by experts from German development organizations and two international peer reviewers with expertise in the particular field. Each report tells the story, in plain language, of a particular programme and is published in a short (four-page) and full version at our web site: [www.german-practice-collection.org](http://www.german-practice-collection.org).

In 2006, PAPEBMGUI joined the country's national AIDS response. A "twin-track approach" (*approche binaire*) focuses on both young people and their parents. Under PAPEBMGUI, teachers were trained to provide sexuality education in the upper grades of primary school, while in parallel, staff and peer educators were trained to work in existing Young People's Counselling and Advisory Centres.

The programme includes a special focus on girls. Under PAPEBMGUI, 5th and 6th grade girls experiencing difficult situations (family problems, failing at school) receive support classes through a German-supported regional programme called FIERE (Filles éduquées réussissent – Educated Girls Succeed). Its goal is to increase the number of girls in school, and to keep them there and help them succeed. In addition to basic education, life skills are taught by women teachers trained in active learning. Mothers are encouraged to be involved in their daughters' education so that girls can continue in school, and "Mother liaisons" are trained to engage with other mothers in their neighbourhood. An overall goal is to raise women's and girls' knowledge about sexual health and HIV, and to increase their self-esteem and negotiation skills so that they are in a better position to avoid risky sexual behaviour.

Documented testimonials from young people in Guinea confirm that they feel empowered by the peer educator training they received. They particularly appreciate the skills they learned, the role they presently fill within the community, and the self-confidence they now have in discussing responsible sexual behaviour with their peers and with other members of the community.

### Mozambique's Pacote Basico

Since 2003, Germany has provided technical assistance to Mozambique's Ministry of Education for its Programme for Basic and Technical Education and Vocational Training. In that year, the Ministry began to develop its Basic Package of Life Skills for Primary Education (known as the "*Pacote Basico*"), its first HIV-prevention tool aimed at children attending primary schools. The core aim is to inform young people about the risks of unwanted pregnancy, and prevention of HIV and other sexually transmitted diseases.

With half of the Mozambican population under the age of 15, the programme forms part of the national *Window of Hope* campaign for children aged 10 – 14. Since children of this age

have not yet initiated sexual activity or adopted fixed sexual behaviour patterns, the programme aims to influence future sexual behaviour through school-based education. Life skills are an important part of that.

Instructors are trained at provincial and district levels on how to apply the *Pacote Basico*. All school directors and at least 25% of teachers in each school then receive the training, and they are expected to pass their knowledge on to the rest of the teaching staff.

As part of the *Pacote Basico*, schools receive a variety of booklets, learning materials and games that deal with HIV, sexually transmitted diseases, sexuality and life skills. This includes age-appropriate material including booklets from the German-supported series *What They Really Want to Know* on the subjects of growing up, sexuality and HIV. Another German-supported methodology used is the Join-in-Circuit on AIDS, Love and Sexuality group learning tool, which mixes games, role plays, discussions and exhibits in a version developed especially for Mozambique

► For the long version of this report and for comprehensive documentations of the two approaches mentioned above go to [www.german-practice-collection.org](http://www.german-practice-collection.org).

The *Pacote Basico* is currently implemented in six of the country's 11 provinces. Between 2009 and 2011, the percentage of teachers in participating provinces who have completed the project's HIV/AIDS modules rose from 7% to 35%.

### Tanzania's PASHA

The Tanzanian-German Programme to Support Health (TGPSH) works both at national level and in the regions of Lindi, Mbeya, Mtwara, and Tanga. Since 2003, the Programme has supported the Ministry of Education and Vocational Training in implementing the project Prevention and Awareness at Schools of HIV/AIDS (PASHA), with technical support by the Swiss Centre for International Health. PASHA aims to improve students' knowledge of HIV and other sexually transmitted diseases, along with sexual and reproductive health and rights, and enable them to take informed decisions. Its main activities are school counselling services and peer education programmes.

The project commenced in 2003 in secondary schools of the Tanga region. Following the initial phase, the programme was extended to primary schools and to regions where levels of teenage pregnancy are disproportionately high. Today, PASHA is offered in 169 primary schools and 40 secondary schools in the three regions. Over 1,500 school counsellors and 4,000 peer educators have been trained, and the approach has been implemented in regions not supported by TGPSH.



Educational theatre in Tanzania engages young people with information that both informs and entertains.

The programme concentrates on Grades 5 to 7, with hour-long sessions run twice a week by peer educators. School counsellors do not attend sessions but assist in planning them, and counsel students when necessary. All sessions take place after school. Peer educators are elected by fellow students and trained to take control of the programme, with counsellors only playing a supportive role.

Participatory methodologies are encouraged including games, role play, music and poetry. In an example of South-South cooperation, the programme has adapted the “Auntie Stella” participatory methodology developed in Zimbabwe, based on life problems and situations students can relate to. PASHA also collaborates with the Femina NGO, which publishes a magazine and website addressing sexual health and life skills needs of secondary school students.

A 2009 study of 22 participating schools indicated a marked and continued decline of teenage pregnancies from 41 in

2006 to 12 in 2009. While the data does not permit further statistical analysis, school heads believe that PASHA greatly contributed to the decrease.

### Latin America’s Harmonization Initiative

In 2007 six countries – Argentina, Brazil, Chile, Paraguay, Peru and Uruguay – joined in a South-South cooperation initiative called “Harmonization of Public Policies on Sexuality education and HIV/AIDS Prevention in Schools in the MERCOSUL”. The process was facilitated by the former GTZ (now GIZ<sup>1</sup>), the Brazilian Ministry of Health, UNAIDS, UNESCO and UNFPA. The initiative aims to (a) strengthen sexuality education programmes and HIV prevention in schools, and (b) harmonize public policies and strengthen linkages between health and education sectors.

In the Project phase (2007 – 2009), each country established a multi-sectorial management committee for sexuality education, including the Ministry of Health, Ministry of Education, and civil society organizations. National policies and national working plans were formulated and implemented, while progress was coordinated regionally through regular regional workshops. The Consolidation phase in 2010 featured reflection on the strengths and weaknesses of the implementation. Identified problems included uneven quality of implementation and questionable sustainability in some countries. Since 2011, a regional network or “Community of practice” has been developed called CoPSexEd, to facilitate the continued technical exchange between countries.



A 2009 planning and evaluation session in Uruguay facilitated by the Harmonization Initiative.

<sup>1</sup> The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH was formed on 1 January 2011. It brings together the long-standing expertise of DED, GTZ and InWEnt. For further information, go to [www.giz.de](http://www.giz.de).

Between 2007 and 2011, sexuality education has reached an estimated 83,000 teachers and 1,500,000 pupils in the participating countries. A number of innovative practices have been shared through the network, such as Uruguay's "concept maps" of sexuality education, Brazil's approach to the design, planning, management and evaluation of sex education programmes, mobile schools in Argentina, and community workshops in Chile.

## Lessons Learnt

The four initiatives have all built up considerable experience about design and implementation. In line with their experience, approaches supported by German Development Cooperation (GDC<sup>2</sup>) prioritize the following activities and strategies:

- **Improve quality of teaching:** all the initiatives aim to improve the professional skills and knowledge of teachers, and the capacity of schools as learning institutions.
- **Target intentions and behaviour, not just information:** Knowing about risk is not enough. Vulnerable young people need new attitudes and specific life skills in order to avoid these risks.
- **Include a special focus on girls:** initiatives should include measures to help girls stay in school, avoid unwanted pregnancies and sexually transmitted infections, and improve their security and social status.
- **Target the social environment of young people:** initiatives should involve not only the young people themselves, but also address the conditions they live in.
- **Differentiate between target groups:** surveys and other research are vital to identify the needs of different population groups and their levels of knowledge about sexual health and HIV.
- **Produce specific tools for each target group:** a variety of media should be used, addressing both in-school and off-school settings.
- **Encourage regional and South-South collaboration:** Regional cooperation can help share progress made on technical, policy and strategic levels.

## Peer review

Two independent peer reviewers note that, in different ways, the four initiatives all appear **innovative** and **transferable**.

Of the four, the Harmonization Initiative has been most visibly **effective** at reaching its goals of influencing curriculum development and public policy, which were straightforward and reachable in the given time period. The three African schools initiatives are more difficult to evaluate, as they lack clear indicators of success, although the PASHA project appears to have reached large numbers of young people. Some qualitative data suggests that they are appreciated by their beneficiaries, and thought to make a difference in their lives. Moreover they emphasize active **participation** by young people, and there is testimony that they do lead to **empowerment**. All address the female side of **gender** and the important issue of unwanted pregnancy; however, none directly address the attitudes and behaviours of young males, or young people with same-sex orientations.

**Sustainability** seems likely for the initiatives that have succeeded in integrating their activities into national curricula; however, it is questionable whether those requiring regular re-training can be sustained by poorly resourced Ministries of Health. As with many such projects, **evaluation** is a serious weakness, since reliable quantitative evidence is largely missing. This highlights the need to plan, budget and implement a results-based monitoring and evaluation scheme from the very beginning of such projects. Similarly, there is no data allowing **cost-effectiveness** to be assessed.

Published by  
Deutsche Gesellschaft für  
Internationale Zusammenarbeit (GIZ) GmbH

German Health Practice Collection

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Photographs  
p.1: ©GIZ / Manfred Wehrmann  
p.3: © GIZ Tanzania; © GIZ / Mario Siede

this edition: November 2011  
first edition: October 2006

GIZ is responsible for the content of this publication.

On behalf of  
Federal Ministry for Economic  
Cooperation and Development (BMZ);  
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Policies

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<sup>2</sup> GDC includes Germany's Federal Ministry for Economic Cooperation and Development (BMZ) and its two implementing organizations Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and KfW Development Bank (KfW).